DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S3-13-15 Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations (CMSO)

JUN 2 4 2008

Mr. Paul Reinhart, Director Medical Services Administration Department of Community Health 400 South Pine Lansing, MI 48933

RE: Michigan State Plan Amendment (SPA) 08-04

Dear Mr. Reinhart:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 08-04. Effective January 1, 2008, this amendment updates the name of a non-health care related tax currently claimed as an allowable nursing facility cost.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a), of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment 08-03 is approved effective January 1, 2008. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Todd McMillion at (608) 441-5344.

Sincerely,

Herb B. Kuhn

Deputy Administrator Acting Director, CMSO

Enclosures

	1. TRANSMITTAL NUMBER:	2. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL OF		Minhimon	
STATE PLAN MATERIAL	08-04	Michigan	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL		
FOR: HEALTH CARE FINANCING ADMINISTRATION SECURITY ACT (MEDICAID)			
TO: DECIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
TO: REGIONAL ADMINISTRATOR HEALTH FINANCING ADMINISTRATION	January 1, 2008		
DEPARTMENT OF HUMAN SERVICES	January 1, 2006		
5. TYPE OF PLAN MATERIAL (Check One):	<u> </u>		
3. THE OFFERINAL (OFFER ONE).			
☐ NEW STATE PLAN ☐ AMENDMENT TO	BE CONSIDERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM		<u></u>	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
42 CFR 447 Subpart C	a. FFY 08 \$ -0		
A DAGE NUMBER OF THE PLAN OF STION OR ATTACHMENT	b. FFY 09 \$ -0- 9. PAGE NUMBER OF THE SUPERSEDED	DIANISECTION	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	OR ATTACHMENT (If Applicable):	PLAN SECTION	
Attachment 4.19-D, Section III, Page 1a			
	Attachment 4.19-D, Section III, Page 1a	tachment 4.19-D, Section III, Page 1a	
40 OUD SOT OF AMENDMENT			
10. SUBJECT OF AMENDMENT:			
Michigan Business Tax name change			
11. GOVERNOR'S REVIEW (Check One):			
— MOTHER AS OFFICE			
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED: ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Paul Reinhart, Director			
And disal Consider Administration			
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	L Medical Services Administrati	011	
12. SIGNATUE OF STATE AGENCY OFFICIAL:	6. RETURN TO:		
	Medical Services Administration Program/Eligibility Policy Division - Federal Liaison Unit Capitol Commons Center - 7 th Floor 400 South Pine		
Tan Been me			
13. TYPED NAME:			
Paul Reinhart			
		ansing, Michigan 48933	
	Latistity, Michigan 40900		
15. DATE SUBMITTED:	Attn: Manay Richan		
March 27, 2008	Attn: Nancy Bishop		
FOR PEGIONAL	OFFICE USE ONLY		
	18 DATE APPROVED:		
	6-24-08		
	6 CP 03		
PLAN APPROVED	ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:		
JAN - 1 2008	Bull Roows F H	17	
	22. TITLE	-	
William Lasowski	DEDUTY DIRECTOR, CM	<u> </u>	
23. REMARKS:			
- 보통			
그는 이 경기 문화를 가는 이 맛있다면 살아왔다면 하게 인생활하다고 있다는 생각을 받는 사람이 모임하다면 하는 이 모임이 다른 사람이다.			
그 이 회의 그리 여러 가는 사용을 잃었는다고 있다면 경험을 하는데 보이다고 하는데 얼마가 되었다. 그 나는 사람들은 사람들은 사람들이 되었다.			
그는 아이들이 그렇게 그렇게 되었다면 그렇게 하는데 그렇게 되었다면 그 그렇게 되었다면 그렇게 그렇게 되었다면 그렇게 그렇게 되었다면 그렇게 그렇게 그렇게 되었다면 그렇게			
그리는 이 일은 그렇게 하는 전 없었는데, 있는 얼굴 말레큐를 하는 보고를 보고 있는 민국의 중심에서 통해 그렇게 들어 보고 있다.			
그는 이 사람들이 있는 사람이 아내려면 이 경우에 가지 수 있다면 생활이 가득하는 것이 살아 살아 있다는 사람들이 되었다. 나를 살아 하는 것이 아니는 것이 없었다.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Policy and Methods for Establishing Payment Rates – Long Term Care Facilities

period. Owner administrator compensation limits will be applied based on the reduced bed count. Payment determinations for Class II facilities will be based on actual occupancy.

- D. Title XIX per patient day cost, for a designated cost component, is the total inpatient cost for that cost component, divided by total inpatient days, as determined from the provider's Medicaid cost report.
- E. The Michigan Business Tax is an allowable expense.

Approval Date: <u>JUN 2 4 2008</u> Effective Date: <u>01/01/2008</u>

Supersedes TN No.: 05-11

TN NO.: 08-04